

PAUL STEVEN BENCHOFF JR
Name
800 INGRA ST GENERAL DELIVERY
Mailing address
ANCHORAGE ALASKA 99501
City, State, Zip
(1) 907 310 7157
Telephone

RECEIVED

MAY 30 2025

CLERK, U.S. DISTRICT COURT
ANCHORAGE, AK

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

PAUL STEVEN BENCHOFF JR.
(Enter full name of plaintiff in this action)

Plaintiff,

vs.

Case No. _____
(To be supplied by Court)

SAMSUNG Group / SAMSUNG
ELECTRONICS
(Enter full names of defendant(s) in this action.
Do NOT use *et al.*)

Defendant(s).

COMPLAINT UNDER
THE CIVIL RIGHTS ACT
42 U.S.C. § 1983

(NON-PRISONERS)

A. Jurisdiction

Jurisdiction is invoked under 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you assert jurisdiction under any different or additional authorities, please list them below:

B. Parties

1. Plaintiff: This complaint alleges that the civil rights of PAUL STEVEN BENCHOFF JR.
(print your name)

who presently resides at 800 INGRA ST ANCHORAGE ALASKA 99501
(mailing address)

were violated by the actions of the individual(s) named below.

2. **Defendants** (Make a copy of this page and provide same information if you are naming more than 3 defendants):

Defendant No. 1, SAMSUNG Group is a citizen of _____
(name)
(state), and is employed as a IT COMPANY
(defendant's government position/title)

☒ This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

☒ The **policy or custom** of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

Defendant No. 2, SAMSUNG ELECTRONICS is a citizen of _____
(name)
(state), and is employed as a SMARTPHONE AND IT ELECTRONICS COMPANY
(defendant's government position/title)

☒ This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

☒ The **policy or custom** of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

Defendant No. 3, GCI is a citizen of _____
(name)
ALASKA, and is employed as a TELECOMMUNICATIONS COMPANY
(state) (defendant's government position/title)

☒ This defendant **personally participated** in causing my injury, and I want **money damages**.

OR

☒ The **policy or custom** of this official's government agency violates my rights, and I seek **injunctive relief** (to stop or require someone do something).

C. Causes of Action (You may attach additional pages alleging other causes of action and facts supporting them if necessary. Make copies of page 5 and rename them pages 5A, 5B, etc. and rename the claims, "Claim 4," "Claim 5, etc.").

Claim 1: On or about MAY 21 2025, my civil right to
(Date)

ALL OF THE BEFORE PROMISED BY OUR FOUR FATHERS
(due process, freedom of religion, free speech, freedom of association and/or assembly, freedom from cruel and unusual punishment, etc. List **only one** violation.)

was violated by SAMSUNG GROUP
(Name of the specific Defendant who violated this right)

Supporting Facts (Briefly describe facts you consider important to Claim 1. State what happened briefly and clearly, in your own words. Do not cite legal authority or argument. Describe exactly what each defendant, by name, did to violate the right alleged in Claim 1.):

I HAVE A SAMSUNG FLIP 2 3 AND I WAS PUSHED
TOO THE POINT OF ADR WAVES BURNING THROUGH THE WHOLE
LEFT SIDE OF MY FACE, HANDS AND BODY EITHER DUE
TOO DIRECT NEGLIGENCE OF SOMEONE WITH BLUETOOTH SETTINGS
OR DUE TO THE NETWORK CARRIER ITSELF. EITHER WAY I
SHOULDNT HAVE ENDED UP IN THE HOSPITAL BECAUSE OF
IT AND I ALSO SHOULDNT BE BEING LEAD AROUND FOR
KNOW ENDS BECAUSE OF IT. I SHOULDNT BE TASTING
ELECTRICAL CHARGE IN MY MOUTH FOR DAYS, AND MY
QUALITY OF LIFE SHOULD NOT BE DEPENDENT ON A
CELL PHONE OR CARRIER SERVICE.

Claim 2: On or about MAY 21 2025, my civil right to
(Date)

ALL OF THEM, ESPECIALLY THE 8TH AMENDMENT
(due process, freedom of religion, free speech, freedom of association and/or assembly, freedom from cruel and unusual punishment, etc. List **only one** violation.)

was violated by SAMSUNG ELECTRONICS
(Name of the specific Defendant who violated this right)

Supporting Facts (Briefly describe facts you consider important to Claim 2. State what happened briefly and clearly, in your own words. Do not cite legal authority or argument. Describe exactly what each defendant, by name, did to violate the right alleged in Claim 2.):

SAME REASON AS PREVIOUSLY STATED

Claim 3: On or about MAY 21 2025, my civil right to
(Date)

ALL OF THEM
(due process, freedom of religion, free speech, freedom of association and/or assembly, freedom from cruel and unusual punishment, etc. List **only one** violation.)

was violated by GCI
(Name of the specific Defendant who violated this right)

Supporting Facts (Briefly describe facts you consider important to Claim 3. State what happened briefly and clearly, in your own words. Do not cite legal authority or argument. Describe exactly what each defendant, by name, did to violate the right alleged in Claim 3.):

WHETHER IT IS BLUETOOTH SETTINGS ON A CELL
PHONE OR FREQUENCY, MEGAHERTZ AND MICROWAVE WAVES
TRANSMITTING IN THE ATMOSPHERE DIRECTLY THROUGH AND
IN MY IMMEDIATE AMBIENCE THIS CANT BE DEEMED
EXCEPTABLE BEHAVIOR NOR CONDUSEVE. IT HAS DIRECTLY
EFFECTED AND HINDERED MY QUALITY OF LIFE.

D. Previous Lawsuits

1. Have you begun other lawsuits in **state or federal court** dealing with the **same facts** involved in this action, **or otherwise relating to your imprisonment**? Yes Yes ___ No

2. If your answer is "Yes," describe each lawsuit.

a. Lawsuit 1:

Plaintiff(s): PAUL STEVEN BENCHOFF JR.

Defendant(s): DEPARTMENT OF JUSTICE, POLICE AND THE JUDICIAL PROCESS

Name and location of court: UNITED STATES DISTRICT COURT

Docket number: 3:25-cv-00076 ^{SLC} Name of judge: SHARON L. GLEASON

Approximate date case was filed: 04/17/25 Date of final decision: 04/17/2025

Disposition: ___ Dismissed ___ Appealed ___ Still pending

Issues Raised: _____

b. Lawsuit 2:

Plaintiff(s): _____

Defendant(s): _____

Name and location of court: _____

Docket number: _____ Name of judge: _____

Approximate date case was filed: _____ Date of final decision: _____

Disposition: ___ Dismissed ___ Appealed ___ Still pending

Issues Raised: _____

F. Request for Relief

Plaintiff requests that this Court grant the following relief:

1. Damages in the amount of \$ 100,000,000

2. Punitive damages in the amount of \$ 100,000,000
3. An order requiring defendant(s) to ACCEPT RESPONSIBILITY AND WORK ON CORRECTING THE PROBLEM.
4. A declaration that _____
5. Other: _____
- Plaintiff demands a trial by jury. Yes No

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that s/he is the plaintiff in the above action, that s/he has read the above civil rights complaint and that the information contained in the complaint is true and correct.

Executed at UNITED STATES DISTRICT COURT OF ALASKA on MAY 30 2025
(Location) (Date)

Paul Steven Benchoff Jr.
(Plaintiff's Original Signature)

Original Signature of Attorney (if any) MAY 30 2025
(Date)

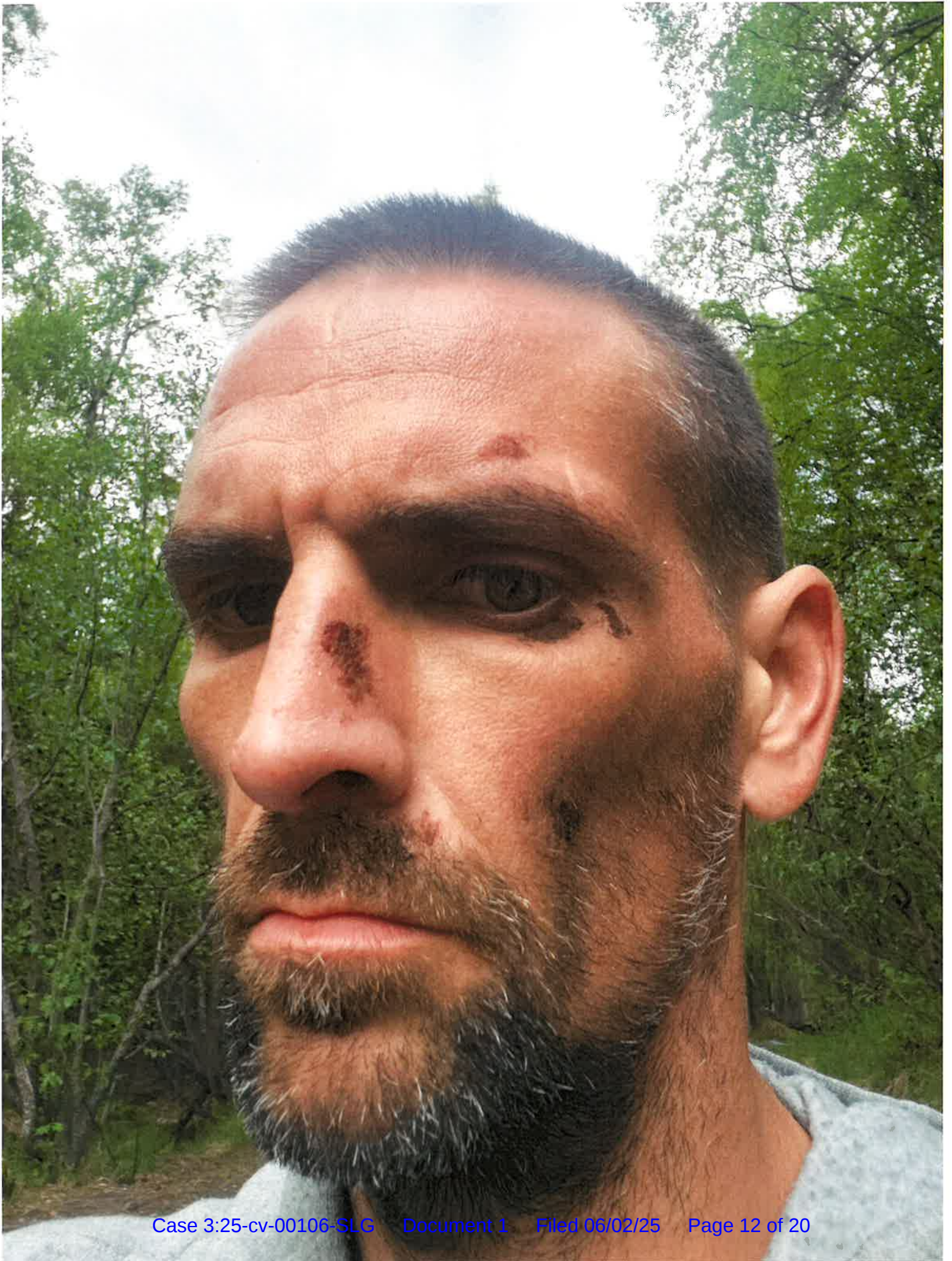
PAUL STEVEN BENCHOFF JR
800 INGRAM ST
ANCHORAGE ALASKA 99501 (1) 907-310-7157
Attorney's Address and Telephone Number













ALASKA REGIONAL EMERGENCY DEPARTMENT

Date: May 23, 2025

2801 DeBarr Road
Anchorage AK 99508
907-264-1222

Name: Paul Steven Benchoff
800 ENGRA ST
Anchorage AK 99501

ID: Z2198814
DOB: 08/31/1986

mupirocin (BACTROBAN) 2 % cream

Order ID: 214401690
Ref Num:

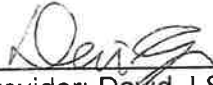
Sig: Apply topically in the morning and at noon and in the evening. Do all this for 7 days.

Qty: **15 (Fifteen) g**

Refill: **0 (Zero)**

Route: Topical

Start: May 23, 2025

Signature: 
Authorizing Provider: David J Scordino, MD

NPI: 1063702272

Security features: Printed on Tamper-resistant paper, (**) border for quantity and refill amount, this description.

AFTER VISIT SUMMARY

Paul S. Benchoff MRN: 1002254835 DoB: 8/31/1986

5/23/2025 ALASKA REGIONAL EMERGENCY DEPARTMENT 907-264-1222

Instructions



Your medications have changed



START taking:
mupirocin (BACTROBAN)

Review your updated medication list below.



Read the attached information

IMPETIGO, UNDERSTANDING (ENGLISH)



Pick up these medications from any pharmacy with your printed prescription

mupirocin



Call Anchorage Neighborhood Clinic in 1 week (around 5/30/2025)

Contact: 4951 Business Park Blvd
Anchorage Alaska 99503
907-743-7200



Follow up with ALASKA REGIONAL EMERGENCY DEPARTMENT

Specialty: Emergency Medicine
Contact: 2801 Debarr Road
Anchorage Alaska 99508
907-264-1222

Today's Visit

You were seen by David J Scordino

Reason for Visit

Abrasion

Diagnosis

Skin infection



Blood Pressure
133/88



Temperature (Temporal)
97.2 °F



Pulse
78



Respiration
20



Oxygen Saturation
100%

What's Next

You currently have no upcoming appointments scheduled.

Pre-Hypertension Follow-Up

Your blood pressure was elevated today to 133/88. This can be for many reasons. We recommend you follow up with your primary care provider within a year for blood pressure recheck.

Referral Instructions

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://mychart.hca-west.com/mychart/>, click "Sign Up Now", and enter your personal activation code: V7NR7-FG5ZK. Activation code expires 7/22/2025.

Referral Instructions (continued)

ED Follow-Up Referral Instructions

We use Alaska Regional Hospital Appointment Service to schedule follow-up appointments if needed. They may call you to help schedule your follow-up appointment, or you can contact them directly at 907-264-1473.

If You Don't Feel Better:

Return to the Emergency Department or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise.

If you have any questions about this medication list, please talk to your doctor at your next appointment. You may use this form to make notes about any medications that you have stopped or started taking, including over the counter medications. Bring the form with you to the appointment as a reminder to discuss with your doctor.

IF YOU SMOKE

Stop now. If you are unable to quit cold turkey, ask your doctor for help (e.g. patches, medicines, etc.) or try the following resources to assist you to come up with a plan.

Additional Tobacco Cessation Resources


1-800-QUIT-NOW

www.quitterscircle.com (includes phone app)

www.quit.com (includes phone app)

www.smokefree.gov (includes phone app)

Your Medication List

	Morning	Around Noon	Evening	Bedtime
 START				
mupirocin 2 % cream Commonly known as: BACTROBAN Apply topically in the morning and at noon and in the evening. Do all this for 7 days.	✓	✓	✓	

Discharge Information

AN IMPORTANT MESSAGE TO THE PATIENT AND/OR PATIENT'S RESPONSIBLE PERSON:

If you or a responsible person notice these warning signs listed below, seek help immediately and/or call one of the available suicide telephone hotlines listed here. Please know that if you have access to firearms or if you, as the responsible person, know that access to firearms is possible, it is important to secure those safely away from reach immediately.

As a courtesy reference for our patients and families: The suicide prevention hotline is available to anyone in crisis with confidential support available 24/7 for everyone in the United States.

- 988 (call or text)
- www.988lifeline.org
- Spanish + 250 other languages available through live 988 calls only

Discharge Information (continued)

- Hard of hearing or blind - dial 711 then 1-800-273-8255 to enable TTY

Local Suicide Hotline Details:

- Anchorage - NorthStar Behavioral Health System Crisis Line (907-258-7575) or (1-800-478-7575)
- Anchorage - South Central Counseling Center (907-563-3200)
- Call 211 or go to 211.org

Suicide Risks and Warning Signs:

Please call for help immediately if you experience the following warning signs:

- Seeking access to guns, pills, other
- Talking or writing about death/dying or suicide when out of the ordinary
- Feelings of hopelessness
- Feeling rage or seeking revenge or uncontrolled anger
- Acting reckless - seemingly without thinking
- Feeling trapped as there is no way out
- Increasing alcohol or drug use
- Withdrawal from family, friends, and society
- Always anxious, agitated, unable to sleep or sleeping all the time
- Dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life
- Giving away possessions to others that are of importance to the individual

Consult-A-Nurse® for Expert Advice, Available 24 Hours a Day/Seven Days a Week

Pediatric and Adult Line: (435) 900-STAR

Do you need help deciding if you or you or a loved one should go to the ER or simply consult your family physician? Whether you are currently one of our patients or not, our expert nurses can help you understand symptoms, manage a chronic condition, or learn about treatment options and medical procedures over the phone. Maybe you are a new mom worried about your child's fever. Or caring for an aging parent. Whatever your healthcare question, Consult-A-Nurse® -a free service by MountainStar Health and HCA Healthcare - is just a phone call away.

Call our nurses 24 hours a day by phone at (435) 900-STAR

Our nurses are here to help you today!

Health Information

We understand health issues are never convenient. Consult-A-Nurse® is here to help with your concerns, on your schedule. It's simple, free, and can offer you the peace of mind you need. Call and talk to a nurse today! Our nurses provide consultation and answer health-related questions. They do not diagnose conditions but provide information on many subjects, including:

- Cardiac Services
- Orthopedics

- Children's Health
- Diabetes Care
- Family Birthing Classes
- Health Screenings & Fairs
- Men's Health
- Neurology/Stroke
- Sleep Disorders
- Spine Care
- Weight Loss Surgery
- Wellness Seminars
- Women's Health
- and more

Understanding Impetigo

Impetigo is a common bacterial infection of the skin. It most often affects the face, arms, and legs. But it can appear on any part of the body. Anyone can have it, regardless of age. But it's most common in children. Impetigo is very contagious. This means it spreads easily to other people.

How to say it

im-peh-TY-go

What causes impetigo?

Many types of bacteria live on normal, healthy skin. The bacteria usually don't cause problems. Impetigo happens when bacteria enter the skin through a scratch, break, sore, bite, or irritated spot. They then begin to grow out of control, leading to infection. The two most common bacteria causing impetigo are Staphylococcus and Streptococcus. In certain cases, impetigo appears on skin that has no visible break. It may be more likely to occur on skin that has another skin problem, such as eczema. It may also be more common after a cold or other virus.

Symptoms of impetigo

Symptoms of this problem include:

- Small, fluid-filled blisters on the skin that may itch, ooze, or crust
- A yellow, honey-colored crust on the infected skin
- Skin sores that spread with scratching
- An itchy rash that spreads with scratching
- Swollen lymph nodes

Treatment for impetigo

The goal is to treat the infection and prevent it from spreading to others.

- You will likely be given an antibiotic to treat the infection. This may be a cream or ointment to put on your skin. You usually need to use the cream or ointment for about 5 days. If the infection is severe or spreading, you may be given antibiotic medicine to take by mouth. Be sure to use this medicine as directed. Don't stop using it until you are told to stop, even if your skin gets better. If you stop too soon, the infection may come back and be harder to treat.
- Try not to scratch or pick at your sores. It may help to cover affected areas with a bandage.
- To prevent spreading the infection, wash your hands often. Avoid sharing personal items, towels, clothes, pillows, and sheets with others. After each use, wash these items in hot water.
- Clean the affected skin several times a day. Don't scrub. Instead, soak the area in warm, soapy water. This will help remove the crust that forms. For places that you can't soak, such as the face, place a clean, warm (not hot) washcloth on the affected area. Use a new washcloth and towel each time.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these:

- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Increasing number of sores or spreading areas of redness after 2 days of treatment with antibiotics
- Increasing swelling or pain
- Increased amounts of fluid or pus coming from the sores
- Unusual drowsiness, weakness, or change in behavior

- Loss of appetite or vomiting

StayWell last reviewed this educational content on 6/1/2019

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